

|  |              |   |          |  |                     |
|--|--------------|---|----------|--|---------------------|
| No. <b>W 4964</b>  |              | <b>Due no later than Nov 30, 2017</b>   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b>   |          | DAVID WILKEN<br>32501 LEGACY LN<br>KENDRICK ID 83537 |                     |
|  |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>WILKEN FAMILY FARMS L.L.C.<br>DAVID WILKEN<br>32501 LEGACY LN<br>KENDRICK ID 83537 |          | 3. <u>New</u> Registered Agent Signature: *          |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |              |   |          |  |                     |
| Office Held  | Name         | Street or PO Address  | City     | State  | Country Postal Code |
| MANAGER  | DAVID WILKEN | 32501 LEGACY LN   | KENDRICK | ID   | 83537               |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 4964</b>  |              | 6. Annual Report must be signed.*<br>Signature: David Wilken<br>Name (type or print): David Wilken<br>Date: 10/25/2017<br>Title: manager        |          |  |                     |
| Processed 10/25/2017   |              | * Electronically provided signatures are accepted as original signatures.   |          |  |                     |